

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLUB FOR GROWTH PAC			FEC IDENTIFICATION NUMBER ▼ C C00432260		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Big Eye Direct			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 06 / 2016		
Mailing Address PO Box 710865			Amount 2125.11		
City Oak Hill		State VA	Zip Code 20171		Transaction ID : SE.19544
Purpose of Expenditure mail production costs, postage		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 06 / 2016	
Name of Federal Candidate JAMES E BANKS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: IN <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 2275.01			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Club for Growth			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 16 / 2016		
Mailing Address 2001 L St., NW Ste. 600			Amount 149.90		
City Washington		State DC	Zip Code 20036		Transaction ID : SE.19546
Purpose of Expenditure email costs (from advance line 21)		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 16 / 2016	
Name of Federal Candidate JAMES E BANKS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: IN <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 149.90			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2275.01		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Adam Rozansky Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 08 / 2016		

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NAME OF COMMITTEE (In Full) CLUB FOR GROWTH PAC		FEC IDENTIFICATION NUMBER ▼ C C00432260	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 06 / 2016	
Mailing Address 2001 L St., NW Ste. 600		Amount 370.61	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.19545
Purpose of Expenditure mail production costs (from advance line 21)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 06 / 2016
Name of Federal Candidate JAMES E BANKS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	370.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2645.62

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adam Rozansky

[Electronically Filed]

Date

MM / DD / YYYY
04 / 08 / 2016

Signature